

Case Number:	CM15-0192054		
Date Assigned:	10/06/2015	Date of Injury:	03/10/2014
Decision Date:	11/19/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/29/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented 61-year-old who has filed a claim for chronic knee, ankle, and foot pain reportedly associated with an industrial injury of March 10, 2014. In a Utilization Review report dated September 18, 2015, the claims administrator failed to approve requests for tramadol. The claims administrator referenced an RFA form dated September 10, 2015 in an associated office visit of the same date in its determination. The applicant's attorney subsequently appealed. On July 2, 2015, the applicant reported ongoing complaints of knee, ankle, and foot pain. Work restrictions were endorsed. The applicant had undergone a recent steroid injection, it was reported. The note was handwritten, thinly and sparsely developed, somewhat difficult to follow. TENS unit, electrodes, LidoPro ointment, and tramadol were seemingly prescribed and/or dispensed, without any apparent discussion of medication efficacy. It was not clearly stated whether the applicant was or was not working with a rather proscriptive 15-pound lifting limitation in place as of this point. On an RFA form dated September 10, 2015, TENS unit electrodes, an elbow strap, and tramadol were prescribed and/or dispensed. On an associated progress note dated September 10, 2015, the applicant reported multifocal complaints of elbow, knee, and ankle pain. The applicant had ancillary issues which included sleep apnea, it was stated. The applicant was using LidoPro and tramadol. The same, unchanged, 15-pound lifting limitation was seemingly renewed on this date. Once again, no seeming discussion of medication efficacy transpired.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: No, the request for tramadol, a synthetic opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the September 10, 2015 office visit at issue was thinly and sparsely developed, difficult to follow, not entirely legible, did not explicitly state whether the applicant was or was not working with a rather proscriptive 15-pound lifting limitation in place, although this did not appear to be the case. The attending provider likewise failed to identify quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing tramadol usage. Therefore, the request is not medically necessary.